The role of telecardiology and h-FABP/troponine in family practice in reducing unnecessary hospitalisation in patients with suspected ischemic heart disease and in early detection of myocardial infarction: a new diagnostic approach for the general practitioner

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Investigate the effectiveness of the use of telecardiology and biomarkers in general practice. Invastigate if the number of correctly diagnosed patients that will be sent to the hospital will increase

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Coronary artery disorders
Study type	Interventional

Summary

ID

NL-OMON34530

Source
ToetsingOnline

Brief title
The CAVARI study (Cardio Vascular Risk)

Condition

- Coronary artery disorders

Synonym
Ischemic heart diseases

Research involving
Human

Sponsors and support

Primary sponsor: huisartsenpraktijk bogels
Source(s) of monetary or material Support: De Friesland Zorgverzekeraar

Intervention

Keyword: family practice, H-FABP, telecardiology, troponine

Outcome measures

Primary outcome

Correctly diagnosed patients, having ischemic heartdiseases with the help of

tele-ECG and biomarkers.

Correctly diagnosed patients without ischemic heartdiseases with the help of

tele-ECG and biomarkers.

Secondary outcome

not applicable

Study description

Background summary

Ischemic heartdisease in patients often is presented with atypical complaints. New diagnostic tools are available in general practice. Several studies have shown that Telecardiology and the CardioDetect® test are reliable instruments. We expect that with the use of these instruments the number of correctly diagnosed patients that will be sent to the hospital will increase

Study objective

Investigate the effectiveness of the use of telecardiology and biomarkers in general practice. Invastigate if the number of correctly diagnosed patients that will be sent to the hospital will increase

Study design

Before and after Study: General practitioner investigates and diagnoses the patient (care as usual). The GP and assistent perform a tele ECG and CardioDetect® combi test. The result will be available within 15 minutes. After these results the GP again gives the diagnose. The GP also takes a blood sample to measure the Troponine T.

First fase: The GP make a phone call to the cardiologist and determines further action

Second fase: The GP determines further action. (this fase will only be started when de RTPO Leeuwarden has agreed)

Intervention

not applicable

Study burden and risks

Burden: performance of an ECG and bloodsample
Risks: very small

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Probability of ischemic heart disease, including acute coronary syndrome and one of the following symptoms:
chest pain, radiation of pain to the jaw, arm, neck or shoulder, dyspnea, vertigo, weakness, sweating, vomitting, palor

Exclusion criteria

incapacitated persons
age < 18 years
recent muscle injury/ recent chest trauma
cardiogenic shock
renal insufficienty

Study design

Design

Study type: Interventional

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Recruitment stopped

Start date (anticipated):	01-07-2011
Enrollment:	200
Type:	Actual

Ethics review

Approved WMO Date:	18-10-2010
Application type:	First submission
Review commission:	RTPO, Regionale Toetsingscie Patientgebonden Onderzoek (Leeuwarden)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 22363
Source: Nationaal Trial Register
Title:

In other registers

Register	ID
CCMO	NL32981.099.10
OMON	NL-OMON22363